

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90325 006 ***150.00

DOCUMENT # P96000091845

1. Entity Name

SPIRIT GEAR, INC.

Principal Place of Business

Mailing Address

**350 NW 39TH AVE
STE D
GAINESVILLE FL 32609
US****P.O. BOX 15267
GAINESVILLE FL 32604-5267****602795**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4581 NW 6 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE H

City & State

City & State

GAINESVILLE, FL

Zip

Country

Zip

Country

32609**US**

4. FEI Number

59-3408868

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**THORP, JAMES G
3402 NW 7TH AVE
GAINESVILLE FL 32607**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	VP
NAME	THORP, JIM	NAME	THORP, JIM
STREET ADDRESS	3402 N.W. 7 AVE.	STREET ADDRESS	710 SW 117 ST
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VP	TITLE	VP
NAME	THORP, KELLEY	NAME	THORP, KELLEY
STREET ADDRESS	3402 NW 7 AVENUE	STREET ADDRESS	710 SW 117 ST
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VP	TITLE	VP
NAME	HARRIS, MARCELOUS	NAME	HARRIS, MARCELOUS
STREET ADDRESS	71 S.W. 32 STREET	STREET ADDRESS	7817 NW 53 WAY
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VP	TITLE	VP
NAME	BAGBY, DARRELL	NAME	BAGBY, DARRELL
STREET ADDRESS	71 S.W. 32 STREET	STREET ADDRESS	1024 SW 76 TERR
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	ST	TITLE	ST
NAME	LEWIS, RHETT	NAME	LEWIS, RHETT
STREET ADDRESS	71 S.W. 32 STREET	STREET ADDRESS	181 FLORADANDY RD
CITY-ST-ZIP	GAINESVILLE FL 32607	CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

RHETT LEWIS

1-8-00

352-371-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)